## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | <u>10-17-2010</u>  | Address:   | <u>In woods</u>   |
|--|--|--|---|
| Case #:  | <u>16-20025</u>  |  | near CR 100 S 350 W   |
| County:  | <u>Fulton</u>  |  | Fulton County, In   |
| Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)                |  | Seizure Location (c Residence Outbuilding Vehicle  | theck all that apply)  Hotel/Motel  Open – No Structure  Other: |
| Items Found: Location (bedroom, kitchen, open air, etc)  |  |  |   |
| (check all that apply)    Lithium/Ammonia Reaction(s): In woods  |  |  |   |
| Red Phosphorous/Iodine Reaction(s):  |  |  |   |
| ☐ Flammable Solvents: in woods   |  |  |   |
| Water Reactive Metal (Lithium):  |  |  |   |
| Anhydrous Ammonia:   |  |  |   |
| ☐ Hydrochloric Acid Gas Generator(s):  |  |  |   |
| Corrosive Acid:  |  |  |   |
| Corrosive Base:  |  |  |   |
| Other (item and location):   |  |  |   |
| Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services        |  | Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: |   |
| This report is to be faxed to the following agencies that serve the location:  |  |  |   |
| Health Dep   | ment: <u>Rochester FD</u><br>artment: <u>Fulton Co HD</u><br>ction Service: <u>N/A</u> | Fax: <u>574-2</u><br>Fax: <u>574-2</u><br>Fax:   | 23-2634   |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.D. Pisher Phone 800-382-0689 |  |  |   |

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.